

**THE SUTTER LAW FIRM, PLLC**

John E. Sutter (MD, WV, KY)

Robert H. Miller II (NC, WV)

Roger A. Decanio (WV)

ATTORNEYS AT LAW  
1598 Kanawha Boulevard, East  
Charleston, West Virginia 25311

Telephone: (304) 343-1514

Fax: (304) 343-1519

Mailing Address:  
Post Office Box 11720  
Charleston, West Virginia 25339-1720**ATTORNEY-CLIENT AGREEMENT**

1. I, the undersigned, do hereby retain and employ The Sutter Law Firm, PLLC to investigate and prosecute my claim against the manufacturers, installers, and/or distributors of asbestos-containing products to which I have been exposed and against any railroad company under the Federal Employer's Liability Act (FELA), if applicable.

2. If it is determined by a qualified medical expert that I do not suffer from an asbestos-related disease, then I understand that I have no claim against such manufacturers and no claim will be prosecuted.

3. I agree to pay the attorneys a fee for legal services rendered the sum of **40%** of the total money recovered in my claim to be calculated before deducting any expenses. I also agree to pay from the money recovered all costs advanced by the attorneys in the prosecution of my claim. I authorize and direct the attorneys to deduct said fees and costs from any monies recovered. In the event that there is no money recovered from my claim, I will owe nothing to the attorneys for legal fees or expenses.

4. I understand that the attorneys may associate in the prosecution of my claim with other attorneys experienced in the field of asbestos litigation, and I agree to and authorize such association. I understand that the total legal fee will not be increased by reason of such association.

5. If at any time my claim becomes non-meritorious in the opinion of the attorneys, I understand that said attorneys may withdraw from the case upon giving reasonable notice.

6. I agree to participate in any and all such proceedings that may be required by either my attorneys or the defense attorneys. This may include, but is not limited to, depositions, medical examinations and appearance at trial.

7. I understand that I am not employing The Sutter Law Firm, PLLC to represent me in any claim that I may have for Worker's Compensation benefits. I have been informed that I should consult another attorney immediately if I wish to file a Worker's Compensation claim so as to avoid any statute of limitations or notice problems.

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**CLIENT'S SIGNATURE**\_\_\_\_\_  
**DATE**\_\_\_\_\_  
**SPOUSE'S SIGNATURE**\_\_\_\_\_  
**DATE**